

AP20 Rec'd PCT/PTO 12 JUN 2006

**Application Data Sheet****Application Information**

Application number:: Unknown  
Filing Date:: June 12, 2006  
Application Type:: Regular  
Title:: INFECTION CONTROL FOR  
NON-VENTED MASK  
Attorney Docket Number:: 4398-553  
Total Drawing Sheets:: 10  
Small Entity?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Patrick  
Middle Name:: John  
Family Name:: MCAULIFFE  
City of Residence:: Bella Vista  
State or Province of Residence:: New South Wales  
Country of Residence:: Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive  
City of mailing address:: Bella Vista  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2153  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Dion  
Middle Name:: Charles Chewe

Family Name:: MARTIN  
City of Residence:: Bella Vista  
State or Province of Residence:: New South Wales  
Country of Residence:: Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive  
City of mailing address:: Bella Vista  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2153

**Correspondence Information**

Correspondence Customer Number:: 23117

**Representative Information**

Representative Customer Number:: 23117

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Provisional Completion	60/528,716	12 December 2003

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
PCT	PCT/AU2004/001732	8 December 2004	Yes

**Assignee Information**

Assignee Name:: ResMed Limited  
Street of mailing address:: 1 Elizabeth MacArthur Drive  
City of mailing address:: Bella Vista  
State or Province of mailing address:: New South Wales

Country of mailing address:: Australia

Postal or Zip Code of mailing 2153

Address::